

PTO/SB/01 (4-96)
OMB 0651-0032

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**DECLARATION FOR
UTILITY OR DESIGN
PATENT APPLICATION**

Declaration OR
Submitted
with Initial Filing Declaration
Submitted after
Initial Filing

Attorney Docket Number	HUBR 1273
First Named Inventor	
<i>COMPLETE IF KNOWN</i>	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

As a below named Inventor, I hereby declare that

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Process for preparing 3-amino-4,4,4-trifluorocrotonic esters

the specification of which

(Title of the Invention)

Is attached hereto
as

XX was filed on 11/20/2011

as United States Application Number or PCT International

August 13, 2003

Application Number

PCT/EP03/09006

and was amended on (MM/DD/YYYY)

(If applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, 51.56.

I hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
102 37 285.3	Germany	08/14/2002	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto.

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

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PTO/SB/01 (12-97)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number <i>(If applicable)</i>

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto.

and Trademark Office connected therewith:		<input checked="" type="checkbox"/> Customer Number	24472	→	Place Customer Number Bar Code Label here
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Name	Registration Number	Name		Registration Number	

Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: Customer Number
or Bar Code Label 24972 OR Correspondence address below

Name	Fulbright & Jaworski L.L.P.				
Address	666 Fifth Avenue				
Address	New York, N.Y. 10103				
City	New York	State	NY	ZIP	10103
Country	USA	Telephone	001-212-3183000	Fax	001 -212-7525958

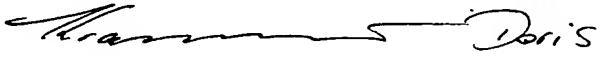
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:	<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle if any)		Family Name or Surname			
Thomas		Güthner			
Inventor's Signature					Date 24.8.2000
Residence: City	Trostberg	State	Country	Germany	Citizenship DE
Post Office Address	Graf-Rapoto-Str. 2 				
Post Office Address	83308 Trostberg, Germany				
City	State	ZIP		Country	
<input type="checkbox"/> Additional Inventors are being named on the <u>supplemental Additional Inventor(s) sheet(s)</u> PTO/SB/02A attached hereto					

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name	Doris	Middle Initial		Family Name	Krammer	Suffix e.g. Jr.
Inventor's Signature					Date	30.08.04
Residence: City	Truchtlaching	Status		Country	Germany	Citizenship DE
Post Office Address	Mühlweg 6					
Post Office Address	83376 Truchtlaching, Germany					
City	Status	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City		Status		Country		Citizenship
Post Office Address						
Post Office Address						
City	Status	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City		Status		Country		Citizenship
Post Office Address						
Post Office Address						
City	Status	Zip		Country		
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name		Middle Initial		Family Name		Suffix e.g. Jr.
Inventor's Signature					Date	
Residence: City		Status		Country		Citizenship
Post Office Address						
Post Office Address						
City	Status	Zip		Country		
<input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto						

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